



From Health Records Department

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TO:

Dr. M.D. Wyman

FROM:

Health Records Analyst, Ext. 36438

Amy H. (CHIM)

FAX NUMBER:

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DATE:

JUNE 26, 2014

PHONE NUMBER:

TOTAL NO. OF PAGES INCLUDING COVER:

10

Re:

H.G. (642954)

Notes/Comments:

Attached:

Consult note Jan 21, 2013
Assessment report Dec 30, 2013

***** Please call to confirm receipt of this fax. *****



CONSULTATION REPORT

Document Status: Electronically Signed
Client Name: Gan, Hana
MRN: 642954
Admission #: 00016169765
Date of Birth: 02/12/1978
Date of Admission: 21/01/2013
Date of Consultation: 21/01/2013
Unit/Program: Mood Disorders Clinic
Physician/Clinician: Darren Higgins, MD, FRCPC
Referred by: Dr. M. Wyman

Dear Dr. Wyman:

Thank you very much for referring Ms. Hanna Gan to the Mood Disorders Clinic at the Centre for Addiction and Mental Health. I understand that this referral was made after a suggestion from the Problem Gambling Unit at CAMH. Ms. Gan had sought help there for over-spending. There is a question of possible Bipolar Mood Disorder.

As you know, Ms. Gan is a 34 year old, divorced woman who is currently living with her parents and two sons, ages 3 and 4. She is not currently working and is supported by Government benefits. She is enrolled in a real estate course. Previously she helped run the family carpet cleaning business. She has been apart from her husband for 2 years.

In discussing her mood issues, Ms. Gan initially reported that she has never felt happy. She corrected herself to state that the period of her pregnancies and breast feeding was probably the best in her life.

There does not seem to be any pattern of discreet major depressive episodes. Her mood does vary, depending on how much stress is in her life, but she does not seem to have depression to the point where it significantly interferes with her functioning. Although she describes her current mood as only 3 out of 10, there are no problems with sleep, appetite, energy or concentration. She is able to enjoy salsa dancing, reading, movies and writing. She also gets pleasure out of time spent with

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her children. Along with this, however, is the sense that she "does not feel fulfilled". I believe this is what she means by her depression. At times, she feels tired of living the life that she has and has vague thoughts about suicide. She has not had definite plans or made any attempts on her life. She states that she would not do this, because her children need her.

With respect to mood elevation, Ms. Gan describes how she can be very happy when she is in a new romantic relationship or when she is involved with someone sexually; this tends not to last. When asked about any recent mood elevation, she described feeling happy for an hour after being kissed by her dance partner. Good moods never come out of the blue. They are not accompanied by any increase in energy or decreased need for sleep. She states that she always feels energetic. She denies any impulsive activity such as reckless driving, shoplifting or sexual affairs. She believes that her spending has been out of control for a long time and that this does not depend on having either a depressed or relatively better mood. There was one incident when she took money from the family business without telling her father. She feels considerable shame about this. She gave considerable thought to it beforehand and it does not seem to have been particularly impulsive.

Ms. Gan denies any abuse of alcohol. She occasionally has a glass of wine, but minimizes this because it tends to make her feel more emotional. She does not use any street drugs. There are no significant medical problems.

His family psychiatric history is significant for a maternal grandfather who was an alcoholic and a paternal grandfather who had gambling problems.

Ms. Gan grew up in Thornhill and North York. She has one older brother who is a Rabbi. She describes her childhood as being quite traumatic. Her parents yelled at each other a lot and also at the children. She states that she never was able to feel calm at home. It was not a safe place for her. School was also difficult. She was not interested in many of her academic subjects. She described doing well in English and physical education, which she enjoyed, but that her emotions got in the way with other activities. There were some friends in high school, but no one she could confide to about her unhappiness.

More recently, Ms. Gan feels that there are people in her life who are supportive. Her parents seem to better understand her situation and have been more sympathetic and helpful. There are also some friends with whom

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she can talk, although only her ex-husband really understands her.

Ms. Gan has seen a psychologist who was helpful around organizing her life, although she does not believe it helped much with her mood. She has seen a hypnotherapist as well. She believes that a previous psychiatric consultation gave a diagnosis of Bipolar Disorder and she took Seroquel briefly, but stopped it because of being sedated.

On examination, Ms. Gan presents as a healthy-looking, friendly and articulate woman. She had considerable difficulty in relating her history in a coherent way. There was a lot of vague description of feelings and inconsistencies around description of her moods. Thought form showed no abnormalities. Thought content showed no delusions or suicidal ideation. There were no perceptual abnormalities. Cognition was grossly normal. Ms. Gan has had some poor judgement around finances and seems to have limited insight with respect to her mental health concerns.

IMPRESSION AND RECOMMENDATIONS

My impression with Ms. Gan's mood difficulties is that the most likely diagnosis is dysthymia. She appears to have a relatively chronic low level depression and this is often comorbid with personality difficulties. There are some suggestions of mood variability that can occur with milder Bipolar Spectrum Disorders, but I do not think there is enough evidence to warrant a Bipolar diagnosis. I suspect that the mood variability is more likely due to difficulty in affect regulation. Ms. Gan has very poor self-esteem and does not feel that she has ever learned how to cope properly with her feelings. She acknowledges that there was no one to model health coping strategies while she was growing up. She finds interpersonal relationships, particularly romantic relationships very difficult, and they tend to stir up even more emotion. There is a sense of emptiness and nonfulfillment that is chronic and longstanding.

I think that what might be most helpful for Ms. Gan would be to find a therapist with whom she feels a connection, and who could help her to address some of these issues around her upbringing and how to cope with emotions. Perhaps she will get some assistance with this through the Problem Gambling Program. You may also know some therapists who might have openings. It might not be a bad idea to try a small dose of an SSRI. This could help somewhat with her mood and perhaps give her some greater stability to work on these issues. I would start at the lowest dose possible, such as Cipralex 5 mg or Sertraline 25 mg and gradually titrate it upward, until there is benefit or side effects. Ms. Gan expressed some reluctance to try antidepressants, but may wish to discuss this with you

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further.

If there is more information that comes to light from Ms. Gan or collateral history to suggest a Bipolar Disorder, I would be happy to see her again to re-evaluate her. This is often a challenging diagnosis to make at a one time consultation.

Thank you again for referring this interesting and pleasant woman. Please feel free to contact me if you have any further questions or concerns.

Sincerely,

Electronically Signed by
Darren Higgins, MD, FRCPC 04/02/2013 02:08 P

Darren Higgins, MD, FRCPC
Staff Psychiatrist

D: 21/01/2013
T: 01/02/2013/jlt
Job #:
Doc #: 159864

cc: Michael David Wyman
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ASSESSMENT REPORT

Document Status: Electronically Signed
Client Name: Gan, Hana
MRN: 642954
Admission #: 00016102089
Date of Birth: 02/12/1978
Date of Admission: 03/12/2012
Date of Assessment: 30/12/2013
Unit/Program: PGAM
Physician/Clinician: Daniela Lobo, MD, PhD

Hana Gan is a 34-year-old female currently living with her parents and two children, 1-1/2 and 3-year-old boys. She has stopped working and is currently studying for her real estate license. She was referred for assessment by the Problem Gambling Service.

Ms. Gan reports having a problem with excessive shopping. She obtained her first credit card at the age of 19 and got her third credit card at the age of 21. At that time, she was working in retail and incurred into debt due to excessive shopping for the first time. She has stopped using credit cards since then. Her father helped her pay her debts with credit cards company. However, she never changed her shopping habits, which has caused her to incur into debt several times. Her parents have paid for her debts several times in the past 13 years.

Ms. Gan reports that she has had for a long time a feeling of chronic unhappiness. These feelings are not accompanied by difficulty with sleep or concentration, but are sometimes accompanied by with negative thinking (e.g., "I will never be able to do anything with my life"). She denies ever presenting thoughts of suicide. She does not report any periods lasting more than two days where she experienced increased energy, racing thoughts, or increased motor activity. She does not report any periods of time when she was very talkative and engaging more consistently in risky behaviours. In terms of her shopping, Ms. Gan reports that when she is feeling more low and sad, she tends to shop more and that shopping temporarily relieves her feelings of sadness and depressive thoughts.

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She got divorced two months ago, was separated for three years, and reports that the marriage was an abusive relationship. She reports that up until one and a half months, she had no trouble sleeping. However, she was feeling depressed, had difficulty concentrating, difficulty waking up in the morning, and presented fatigued. She would have some bursts of energy and go dancing a few times per week but would most often feel low with decreased hedonic tone. She feels that she has difficulty having patience with her children; however, she has never yelled at them, physically abused them, and reports that she can control herself. She reports that she has no irritability with friends. Since then, these symptoms have significantly improved with exercise and naturopathic treatment.

Mrs. Gan denies past episodes of depression, denies hallucinations, delusions, phobias or other anxiety-related symptoms. She does not present obsessive thoughts or compulsive actions. She denies symptoms of eating disorders.

Personal and Family History

Ms. Gan was born in Israel and moved to South Africa when she was 4 years old, then moved back to Israel at the age of 7, and came to Canada at the age of 9. She has one brother who is 3-1/2 years older. At the age of 4, she was hospitalized for stomach pain for two days and the diagnosis was lactose intolerance. She reports no head trauma. No seizures. As a child, Ms. Gan reached all developmental milestones and had no problems regarding learning/ academic performance.

She had two normal deliveries with no signs of postpartum depression. She also reports difficulty in relationships with her family members. She reports that her brother became more religious eight years ago and then her parents also became more religious. She reports that this was a problem for her because she was never very religious and got married to a man who is not Jewish.

She noted that the relationship with parents worsened when they moved to Canada. She felt neglected. The mother was always saying that they were poor and had no money. The parents were constantly working. The mother was a statistician and father had a carpet cleaning business. She reports that her parents were constantly fighting and yelling at each other and that caused her distress; however, she always felt comfortable bringing friends home. Her brother had problems with illegal substances and alcohol addiction before becoming religious. She estimates that the problems with addictions lasted for at least three years, and he was sent to rehabilitation twice.

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Father's family: paternal grandfather had a history of excessive gambling and she does not know of any other psychiatric diagnosis. Paternal grandfather also had a history of nicotine dependence and cancer related to the nicotine dependence.

Mother's family: maternal grandfather had a history of problems with alcohol. Both grandparents in the maternal side died of esophageal cancer.

She does not have much information for either of the family branches in terms of psychiatric history.

Substance Use

Alcohol: Ms. Gan usually drinks one beer or one gin or martini twice a month.

She reports no use of marijuana and no use of other illegal substances. No suicidal attempts.

Mental Status Examination

This is a 34-year-old female looking significantly younger than her stated age, dressed appropriately for the weather but dressing younger than her age. Mood is reported as better compared to last month. Affect is full. Thought is coherent and logical. There is no pressure of speech. No thought branching. No suicidal or homicidal ideation. Judgment is fair. Insight is fair.

Clinical Impression

Ms. Gan reports a long history of difficulties with emotional regulation and difficulties coping with problems, especially in terms of relationships. Her description of her relationship with her parents, the feelings of neglect, and the constant fighting with the parents raised the question that she probably has had problems with attachment. During her interview, it became apparent that Ms. Gan presents an underdeveloped personality and presents herself more like a teenager. This is something that Ms. Gan acknowledges, and she feels that most of the time, she does not feel like an adult. This is also characteristic of problems with attachment. Her long-standing history of low mood, dysphoric mood, and overall feeling of unhappiness sometimes with symptoms of depression is consistent with a diagnosis of dysthymia. Although she does present

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shopping episodes, these episodes do not seem related to any symptoms of bipolar disorder and currently she does not meet any of the criteria for bipolar disorder; however, it is important to follow up and consider this diagnosis. In this regard, collateral information would be helpful for making a differential diagnosis with bipolar disorder.

My recommendations at this time are for Ms. Gan to receive psychotherapy, especially focused at issues of attachment and emotional regulation. She will continue to receive treatment at the Problem Gambling Service to learn behavioural and coping strategies to decrease her excessive shopping behaviour. It is also recommended that if she accepts, her parents could come to an appointment to try to understand better her current issues. At this time, her children are protected, and there is no evidence that her children are suffering any type of neglect or abuse..

Diagnostic Hypothesis

Axis I: Dysthymia.
Impulse control disorder (compulsive shopping).

Axis II: Cluster B personality traits

Axis III: Deferred.

Axis IV: Relationship problems as a result of difficulties with emotional regulation, financial problems, and relationship problems as a result of excessive shopping.

Axis V: GAF of 75.

If any further questions, please do not hesitate to contact me.

Electronically Signed by
Daniela Lobo, MD, PhD 12/03/2014 05:37 P

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Daniela Lobo, MD, PhD
Staff Psychiatrist

D: 30/12/2013

T: 08/01/2014/km1

Job #:

Doc #: 174320